PTO/SB06 (08-01)
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U.S. Patient and Trademan's Office; U.S. DEPARTMENT OF COMMERCE
pe collection of information unders to discontinuous and the control of the control o

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								19 77046A		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)				Auron Z)	SMALL ENTITY		O R	OTHER THAN SMALL ENTITY	
	FOR	MUMB	MANGER FILED		MUMBER EXTRA		FEE]	RATE	FEE
	IIC FEE CFR 1,15(a))						<u> </u>	os.		
	AL CLAIMS OFR 1.18(cl)	39	39 minus 20			×		OR	XI ·	
POSPENDENT CLAMS							 	1		
F.	CFR 1.18(b))		10			× 5	-	OR	× 3	<u> </u>
MULTIPLE DEPENDENT CLUM PRESENT (37 CFR 1,1661))						+5		OR	+1	
" if the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										
3	.505	(Column 1)		(Cotumn 2)	(Cotumn 3)	SMALL I	ENTITY	OR		R THAN ENTITY
. ٨		CLAIMS. REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADD1-		RÀTE .	· ADDI-
MENT	ŀ	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	1 "	TIONAL .		1	FEE
M	· Yold prore s.upp	98	Minus 1	30	• /	× 25.	- , _ .	COR	× 200	
	Independent (IF CFR 1.140/3	4	Minus '	6	7	× 3_467		OR.	××LOO	
AM	FIRST PRESENT	TATION OF MALTIPL	£ 06764064	T CLAIM (27 CF	R 1.16(40)	700		OR	• •	
						TOTAL ADD'L FEE		OR.	TOTAL ADO'L FEE	
(Column 1) (Column 2) (Column 3)						AUCT CE	·	,	ADVITEE	L
-	12/	CIANA		HIGHEST				1		
ENT B	19/19/10	REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	MONAL ADDI-
貿	Yold	AMENOMENT	'Minus '	PAIDFOR .	• -	95	REE.		**50	FEE .
亨	Independent	1 20	Miran *	- 		300	-/	OR).
AMENDM	(D) (C) R 1.16(0.0)	6		Q		× #(_)(_)		OR	= 20D	-/
FIRST PRESENTATION OF LOLD TIPLE DEPENDENT CLAIM (1) CFR 1.16(4)						+3		CR	<u> </u>	/
111						ADOL FEE		OR	ADD'L FEE	
4-1806 (Column 1) (Column 2) (Column 3)										
TC	•	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
ΜĒ	Total CP OFR 1,1600	AMENDMENT .	Mhaa .	PAID FOR	• /	25	FEE		(2).	FEE
AMENDMENT	tratependent pr ora 1,400	• उँ	Mires '	6	•/	1.1/71		OR OR	×.200	
₹	FRIST PRESENTATION OF MATERIA DEPONDENT CLAM (27 OFR 1.166m)					700		•	-6-10	
- And the section of						TOTAL		OR	TOTAL	
١						ADO'L FEE		CA	ADD'L FEE	
** If the orday in column 1 is less than the enthy in column 2, well \$70. In polyme 3										

"If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "2".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an explication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed explication form to the USPTO. Time will vary depending upon the individual case. Any community on the emount of time you equate to complete the terms and/or suggestions for ending this burden, should be sent to the Chief Information Officer, U.S. Patent and Transmark Office, U.S. Department of Consenses, P.O. Box 1450, Alexandria, VA 22315-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22315-1450.